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| United States Bankruptcy Court Northern District of Illinois   |   |                                    |   |  |   | Voluntary                                   | y <b>Petition</b>   |                                   |
|--|---|------------------------------------|---|--|---|---|---|-----------------------------------|
| Name of Debtor (if individual, enter Last, First, Sheffa, Veronica Denise  | Middle):  |                                    | Name  | of Joint De                            | ebtor (Spouse)  | (Last, First                                | t, Middle):   |                                   |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):   |   |                                    |   |  | used by the J<br>maiden, and  |   | in the last 8 years   |                                   |
| Last four digits of Soc. Sec. or Individual-Taxpa (if more than one, state all)  | yer I.D. (ITIN)/Com   | plete EIN                          | Last for  | our digits of than one, state          | f Soc. Sec. or  | Individual-                                 | Taxpayer I.D. (ITIN)  | No./Complete EIN                  |
| Street Address of Debtor (No. and Street, City, a 647 Mitchell Court Gurnee, IL  | and State):   | ZIP Code                           | Street  | Address of                             | Joint Debtor  | (No. and St                                 | reet, City, and State):   | ZIP Code                          |
|  |   | 60031                              |   | 25 11                                  |   | n   |   |                                   |
| County of Residence or of the Principal Place of<br><b>Lake</b>  | Business:   |                                    |   | •                                      |   | •   | ace of Business:  |                                   |
| Mailing Address of Debtor (if different from stre  | eet address):   |                                    | Mailin  | g Address                              | of Joint Debt   | or (if differe                              | ent from street address   | ):                                |
|  | Г   | ZIP Code                           | -   |  |   |   |   | ZIP Code                          |
| Location of Principal Assets of Business Debtor (if different from street address above):  |   |                                    | -   |  |   |   |   |                                   |
| Type of Debtor (Form of Organization) (Check one box)  |   | of Business                        |   |  |   |   | ptcy Code Under Whiled (Check one box)  | nich                              |
| Individual (includes Joint Debtors)  See Exhibit D on page 2 of this form.  □ Corporation (includes LLC and LLP)  □ Partnership  □ Other (If debtor is not one of the above entities, check this box and state type of entity below.)  Chapter 15 Debtors                        | ☐ Health Care Bu☐ Single Asset Rin 11 U.S.C. §☐ Railroad☐ Stockbroker☐ Commodity Br☐ Clearing Bank☐ Other | eal Estate as d<br>101 (51B)       | efined  | Chapt Chapt Chapt Chapt Chapt Chapt    | er 7<br>er 9<br>er 11<br>er 12  | C of C of                                   | Chapter 15 Petition for fa Foreign Main Proc Chapter 15 Petition for fa Foreign Nonmain Fe of Debts | eeding<br>Recognition             |
| Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:   |   | the United State                   | es  | defined<br>"incurr                     | are primarily co<br>I in 11 U.S.C. §<br>ed by an indivi-<br>nal, family, or I | nsumer debts<br>101(8) as<br>dual primarily | busi<br>y for   | ots are primarily<br>iness debts. |
| Filing Fee (Check one box  Full Filing Fee attached  Filing Fee to be paid in installments (applicable to attach signed application for the court's considerati debtor is unable to pay fee except in installments. Form 3A.  Filing Fee waiver requested (applicable to chapter | individuals only). Mus<br>on certifying that the<br>Rule 1006(b). See Offic<br>7 individuals only). Mu    | t Check if: Cial Del are Check all | btor is a sr<br>btor is not<br>btor's aggr<br>less than s | regate nonco<br>\$2,490,925 (as boxes: | debtor as defin<br>ness debtor as d   | efined in 11 ted debts (ex                  | C. § 101(51D). U.S.C. § 101(51D). cluding debts owed to inst ton 4/01/16 and every th               |                                   |
| attach signed application for the court's considerati  | on. See Official Form .   | ☐ Ac                               |   |  | ere solicited pr<br>S.C. § 1126(b).   |   | n one or more classes of  |                                   |
| Statistical/Administrative Information  ☐ Debtor estimates that funds will be available ☐ Debtor estimates that, after any exempt prop   | erty is excluded and  | administrative                     |   | es paid,                               |   | THIS  | S SPACE IS FOR COUR   | Γ USE ONLY                        |
| there will be no funds available for distribution Estimated Number of Creditors  | on to unsecured cree  | litors.                            |   |  |   |   |   |                                   |
| 1- 50- 100- 200-   | 1,000-<br>5,000 5,001-<br>10,000  |                                    | 5,001-<br>0,000   | 50,001-<br>100,000                     | OVER<br>100,000   |   |   |                                   |
| \$0 to \$50,001 to \$100,001 to \$500,001<br>\$50,000 \$100,000 \$500,000 to \$1   | \$1,000,001 \$10,000,001 to \$10 to \$50 million  | to \$100 to                        | ]<br>100,000,001<br>5 \$500<br>nillion                    | \$500,000,001 to \$1 billion           |   |   |   |                                   |
| \$0 to \$50,001 to \$100,001 to \$500,001  | \$1,000,001 \$10,000,001 to \$10 to \$50  | \$50,000,001 \$ to \$100 to        | ]<br>100,000,001<br>0,\$500                               | \$500,000,001<br>to \$1 billion        |   |   |   |                                   |

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**B1** (Official Form 1)(04/13) Page 2 Name of Debtor(s): Voluntary Petition Sheffa, Veronica Denise (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Date Filed: Location Where Filed: - None -Date Filed: Location Case Number: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ Thomas C. O'Brien July 24, 2015 Signature of Attorney for Debtor(s) (Date) Thomas C. O'Brien 2082322 Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**B1** (Official Form 1)(04/13)

Name of Debtor(s):

(This page must be completed and filed in every case)

#### Signatures

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

### X /s/ Veronica Denise Sheffa

Signature of Debtor Veronica Denise Sheffa

 $\mathbf{X}$ 

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

July 24, 2015

Date

#### Signature of Attorney\*

#### X /s/ Thomas C. O'Brien

Signature of Attorney for Debtor(s)

#### Thomas C. O'Brien 2082322

Printed Name of Attorney for Debtor(s)

#### Law Offices of Thomas C. O'Brien

Firm Name

950 Main Street Antioch, IL 60002

Address

#### Email: tom@tomobrienlaw.com

#### 847-838-1100 Fax: 847-838-1101

Telephone Number

July 24, 2015

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### $Signature\ of\ Debtor\ (Corporation/Partnership)$

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

 $\mathbf{X}$ 

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

#### Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

Sheffa, Veronica Denise

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

| <b>T</b> 7 |
|------------|
| Λ          |

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

#### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

|   | _  |   |   |  |
|---|----|---|---|--|
| ٩ | ٧  | v | • |  |
|   | ١, | 8 |   |  |

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

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B 1D (Official Form 1, Exhibit D) (12/09)

### United States Bankruptcy Court Northern District of Illinois

| In re | Veronica Denise Sheffa |           | Case No. |   |
|-------|------------------------|-----------|----------|---|
|       |                        | Debtor(s) | Chapter  | 7 |
|       |                        |           |          |   |

## EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] \_\_\_\_

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

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| B 1D (Official Form 1, Exhibit D) (12/09) - Cont.   | Page 2   |
|---|--|
| deficiency so as to be incapable of realizing a responsibilities.);  □ Disability. (Defined in 11 U.S.C. § unable, after reasonable effort, to participate through the Internet.);  □ Active military duty in a military co |  |
| ☐ 5. The United States trustee or bankruptcy requirement of 11 U.S.C. § 109(h) does not apply in  | administrator has determined that the credit counseling this district. |
| I certify under penalty of perjury that the   | information provided above is true and correct.                        |
| Signature of Debtor:  | /s/ Veronica Denise Sheffa Veronica Denise Sheffa                      |
| Date: July 24, 2015   |  |

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B6 Summary (Official Form 6 - Summary) (12/14)

## **United States Bankruptcy Court Northern District of Illinois**

| In re | Veronica Denise Sheffa |        | Case No |   |  |
|-------|------------------------|--------|---------|---|--|
| •     |                        | Debtor | ,       |   |  |
|       |                        |        | Chapter | 7 |  |
|       |                        |        | • -     |   |  |

### **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES | OTHER    |
|--|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property  | Yes                  | 1                | 86,500.00         |             |          |
| B - Personal Property  | Yes                  | 3                | 5,860.00          |             |          |
| C - Property Claimed as Exempt   | Yes                  | 1                |                   |             |          |
| D - Creditors Holding Secured Claims   | Yes                  | 1                |                   | 130,944.00  |          |
| E - Creditors Holding Unsecured<br>Priority Claims (Total of Claims on Schedule E) | Yes                  | 2                |                   | 5,000.00    |          |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 2                |                   | 21,825.68   |          |
| G - Executory Contracts and<br>Unexpired Leases                                    | Yes                  | 1                |                   |             |          |
| H - Codebtors  | Yes                  | 1                |                   |             |          |
| I - Current Income of Individual<br>Debtor(s)                                      | Yes                  | 2                |                   |             | 2,373.77 |
| J - Current Expenditures of Individual<br>Debtor(s)                                | Yes                  | 2                |                   |             | 2,323.00 |
| Total Number of Sheets of ALL Schedu   | ıles                 | 16               |                   |             |          |
|  | T                    | otal Assets      | 92,360.00         |             |          |
|  |                      | 1                | Total Liabilities | 157,769.68  |          |

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B 6 Summary (Official Form 6 - Summary) (12/14)

## **United States Bankruptcy Court Northern District of Illinois**

| In re | Veronica Denise Sheffa |        | Case No. |   |  |
|-------|------------------------|--------|----------|---|--|
|       |                        | Debtor |          |   |  |
|       |                        |        | Chapter  | 7 |  |

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount   |
|---|----------|
| Domestic Support Obligations (from Schedule E)  | 0.00     |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | 5,000.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00     |
| Student Loan Obligations (from Schedule F)  | 0.00     |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E                | 0.00     |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | 0.00     |
| TOTAL   | 5,000.00 |

#### State the following:

| Average Income (from Schedule I, Line 12)  | 2,373.77 |
|--|----------|
| Average Expenses (from Schedule J, Line 22)  | 2,323.00 |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | 2,946.00 |

#### State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY" column                  |          | 54,444.00 |
|--|----------|-----------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | 5,000.00 |           |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |          | 0.00      |
| 4. Total from Schedule F   |          | 21,825.68 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |          | 76,269.68 |

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B6A (Official Form 6A) (12/07)

| In re | Veronica Denise Sheffa | Case No |  |
|-------|------------------------|---------|--|
| _     | _                      | Debtor  |  |

#### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Description and Location of Property  | Nature of Debtor's<br>Interest in Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in<br>Property, without<br>Deducting any Secured<br>Claim or Exemption | Amount of Secured Claim |
|---|--|---|--|-------------------------|
| 647 Mitchell Court, Gurnee, IL 60031  | fee simple homestead                       | -   | 76,500.00  | 130,944.00              |
| Debtor has a 1/3 interest in property located at 672 Carpenter Street, Memphis, TN - \$10,000 total value |  | -   | 10,000.00  | 0.00                    |

Sub-Total > **86,500.00** (Total of this page)

Total > **86,500.00** 

(Report also on Summary of Schedules)

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B6B (Official Form 6B) (12/07)

| In re | Veronica Denise Sheffa | Case No. |  |
|-------|------------------------|----------|--|
| _     |                        | Debtor   |  |

### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|     | Type of Property   | N O Description and Location of Property E   | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property<br>without Deducting any<br>Secured Claim or Exemption |
|-----|--|--|---|--|
| 1.  | Cash on hand   | X  |   |  |
| 2.  | Checking, savings or other financial accounts, certificates of deposit, or   | Checking Account with Consumer's Credit Union Savings Account with Consumer's Credit Union   | -   | 50.00  |
|     | shares in banks, savings and loan,<br>thrift, building and loan, and<br>homestead associations, or credit<br>unions, brokerage houses, or<br>cooperatives. | Norstates Bank checking account  | -   | 10.00  |
| 3.  | Security deposits with public utilities, telephone companies, landlords, and others.   | X  |   |  |
| 4.  | Household goods and furnishings, including audio, video, and computer equipment.   | Sectional couch, tables, 4 very old TVs, dining room table, chairs, wall tables, kitchen table and chairs, beds, dresser, chest, end tables, sofa, love seat, patio bench and chairs | -   | 500.00   |
| 5.  | Books, pictures and other art<br>objects, antiques, stamp, coin,<br>record, tape, compact disc, and<br>other collections or collectibles.                  | X  |   |  |
| 6.  | Wearing apparel.   | Normal attire for work and leisure   | -   | 400.00   |
| 7.  | Furs and jewelry.  | X  |   |  |
| 8.  | Firearms and sports, photographic, and other hobby equipment.  | Treadmill  | -   | 50.00  |
| 9.  | Interests in insurance policies.<br>Name insurance company of each<br>policy and itemize surrender or<br>refund value of each.                             | X  |   |  |
| 10. | Annuities. Itemize and name each issuer.   | x  |   |  |
|     |  |  |   |  |
|     |  | (Tota  | Sub-Tot<br>al of this page)                 | al > <b>1,010.00</b>   |

2 continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

| In re | Veronica Denise Sheffa | Case No  |
|-------|------------------------|----------|
| _     |                        | <u> </u> |

Debtor

## SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|     |   |                  | (Continuation Sheet)   |   |  |
|-----|---|------------------|--|---|--|
|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property                           | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |  |   |  |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   |                  | MRF retirement account from employment with County of Lake     | -   | 2,700.00   |
|     | •   | I                | pension from Lake Forest Hospital from<br>employment 1989-2003 | -   | Unknown  |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   | X                |  |   |  |
| 14. | Interests in partnerships or joint ventures. Itemize.   | X                |  |   |  |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments.  | X                |  |   |  |
| 16. | Accounts receivable.  | X                |  |   |  |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | X                |  |   |  |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  | X                |  |   |  |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | X                |  |   |  |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |  |   |  |
|     |   |                  |  |   |  |
|     |   |                  |  |   |  |
|     |   |                  | /To  | Sub-Tota                                    | al > <b>2,700.00</b>   |

(Total of this page)

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

| In re | Veronica Denise Sheffa | Case No. |
|-------|------------------------|----------|
|       |                        |          |

Debtor

### **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                |                                      |   |   |
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | X                |                                      |   |   |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  | X                |                                      |   |   |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |                                      |   |   |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.  | 2008 Ford F      | Focus, 89,000 miles                  | -   | 2,000.00  |
| 26. | Boats, motors, and accessories.   | X                |                                      |   |   |
| 27. | Aircraft and accessories.   | X                |                                      |   |   |
| 28. | Office equipment, furnishings, and supplies.  | old laptop,      | orinter                              | -   | 150.00  |
| 29. | Machinery, fixtures, equipment, and supplies used in business.  | X                |                                      |   |   |
| 30. | Inventory.  | X                |                                      |   |   |
| 31. | Animals.  | X                |                                      |   |   |
| 32. | Crops - growing or harvested. Give particulars.   | x                |                                      |   |   |
| 33. | Farming equipment and implements.   | X                |                                      |   |   |
| 34. | Farm supplies, chemicals, and feed.   | X                |                                      |   |   |
| 35. | Other personal property of any kind not already listed. Itemize.  | X                |                                      |   |   |
|     |   |                  |                                      | Sub-Tota                                    | al > <b>2,150.00</b>  |
|     | et 2 of 2 continuation sheets   |                  | (*                                   | Total of this page)<br>Tot                  | al > <b>5,860.00</b>  |

(Report also on Summary of Schedules)

to the Schedule of Personal Property

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B6C (Official Form 6C) (4/13)

| In re | Veronica Denise Sheffa | Case No.     |  |
|-------|------------------------|--------------|--|
|       |                        | <del>,</del> |  |

Debtor

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions to which debtor is entitled under: | ☐ Check if debtor claims a homestead exemption that exceeds                         |
|---|---|
| (Check one box)   | \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafte |
| □ 11 U.S.C. §522(b)(2)  | with respect to cases commenced on or after the date of adjustment.)                |
| ■ 11 U.S.C. §522(b)(3)  |   |

| Description of Property  | Specify Law Providing<br>Each Exemption      | Value of<br>Claimed<br>Exemption | Current Value of<br>Property Without<br>Deducting Exemption |
|--|--|----------------------------------|---|
| Household Goods and Furnishings Sectional couch, tables, 4 very old TVs, dining room table, chairs, wall tables, kitchen table and chairs, beds, dresser, chest, end tables, sofa, love seat, patio bench and chairs | 735 ILCS 5/12-1001(b)                        | 500.00                           | 500.00  |
| Wearing Apparel Normal attire for work and leisure   | 735 ILCS 5/12-1001(a)                        | 400.00                           | 400.00  |
| Firearms and Sports, Photographic and Other Hob<br>Treadmill   | <u>by Equipment</u><br>735 ILCS 5/12-1001(b) | 50.00                            | 50.00   |
| Interests in IRA, ERISA, Keogh, or Other Pension o<br>IMRF retirement account from employment with<br>County of Lake   | r Profit Sharing Plans<br>735 ILCS 5/12-1006 | 2,700.00                         | 2,700.00  |
| pension from Lake Forest Hospital from employment 1989-2003  | 735 ILCS 5/12-1006                           | 0.00                             | Unknown   |
| Automobiles, Trucks, Trailers, and Other Vehicles<br>2008 Ford Focus, 89,000 miles   | 735 ILCS 5/12-1001(c)                        | 0.00                             | 2,000.00  |
| Office Equipment, Furnishings and Supplies old laptop, printer   | 735 ILCS 5/12-1001(d)                        | 150.00                           | 150.00  |
| Other Exemptions IMRF account  | 40 ILCS 5/8-244, 5/9-228, 5/14-147           | 0.00                             | 2,700.00  |
| pension from lake Forest Hospotal  | 735 ILCS 5/12-704                            | 0.00                             | 0.00  |
| 2008 Ford Focus  | 735 ILCS 5/12-1001(c)                        | 2,400.00                         | 2,500.00  |
| household goods  | 735 ILCS 5/12-1001(b)                        | 0.00                             | 500.00  |
| unused wildcard for interest in Memphis property   | 735 ILCS 5/12-1001(b)                        | 3,450.00                         | 10,000.00   |

| Total: | 9.650.00 | 21.500.00 |
|--------|----------|-----------|
| TOTAL: | 9.000.00 | 71.500.00 |

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B6D (Official Form 6D) (12/07)

| In re | Veronica Denise Sheffa | Case No     |
|-------|------------------------|-------------|
| _     |                        | ,<br>Debtor |

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

|   | <u> </u>        |                  | area claims to report on this schedule D.  |           | _           | _     | · · · · · · · · · · · · · · · · · · ·                                |                                 |
|---|-----------------|------------------|--|-----------|-------------|-------|--|---------------------------------|
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)        | C O D E B T O R | H<br>W<br>J<br>C | sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED,  NATURE OF LIEN, AND  DESCRIPTION AND VALUE  OF PROPERTY  SUBJECT TO LIEN | CONTINGEN | L<br>Q      | ISPUT | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
| Account No. xxxxxxxx1277  |                 |                  | Opened 2/01/07 Last Active 1/21/14   | Т [       | E           |       |  |                                 |
| Chase<br>Po Box 24696<br>Columbus, OH 43224   |                 | -                | 647 Mitchell Court, Gurnee, IL 60031   |           | D           |       |  |                                 |
|   | ╀               | ╀                | Value \$ 76,500.00   | -         |             | Н     | 27,713.00  | 27,713.00                       |
| Account No. xxxxxxxxx4923  Chase Manhattan Mortgage Attn: Bankruptcy Dept 3415 Vision Dr Columbus, OH 43219 |                 | -                | Opened 1/01/05 Last Active 12/05/13 647 Mitchell Court, Gurnee, IL 60031   |           |             |       |  |                                 |
|   |                 |                  | Value \$ 76,500.00   |           |             | Ш     | 103,231.00   | 26,731.00                       |
| Account No.   |                 |                  | Value \$   | _         |             |       |  |                                 |
| Account No.   |                 |                  | Value \$   |           |             |       |  |                                 |
| continuation sheets attached  |                 | •                | (Total of t  | Subt      |             |       | 130,944.00   | 54,444.00                       |
|   |                 |                  | (Report on Summary of So   |           | ota<br>lule |       | 130,944.00   | 54,444.00                       |

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B6E (Official Form 6E) (4/13)

| In re | Veronica Denise Sheffa | Case No  |  |
|-------|------------------------|----------|--|
| -     |                        | Debtor , |  |

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account he debtor has with the reditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H." "W." "L." or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the

| lable on each claim by placing an "H," "W," J, or "C" in the column labeled "Husband, whe, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column lab "Disputed." (You may need to place an "X" in more than one of these three columns.)  Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.  Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. |
|--|
| ☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.  |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)  |
| ☐ Domestic support obligations   |
| Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).  |
| ☐ Extensions of credit in an involuntary case  |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. $\S$ 507(a)(3).   |
| ☐ Wages, salaries, and commissions   |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).   |
| ☐ Contributions to employee benefit plans  |
| Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business whichever occurred first, to the extent provided in 11 U.S.C. $\S$ 507(a)(5).   |
| ☐ Certain farmers and fishermen  |
| Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).   |
| ☐ Deposits by individuals  |
| Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).   |
| ■ Taxes and certain other debts owed to governmental units   |
| Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).  |
| ☐ Commitments to maintain the capital of an insured depository institution   |
| Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).   |
| ☐ Claims for death or personal injury while debtor was intoxicated   |
| Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).   |

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6E (Official Form 6E) (4/13) - Cont.

| In re | Veronica Denise Sheffa | Case No. |  |
|-------|------------------------|----------|--|
| -     |                        | Debtor   |  |

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts Owed to Governmental Units

TYPE OF PRIORITY UNLIQUIDATED CODEBTOR Husband, Wife, Joint, or Community AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, ONTINGENT SPUTED AND MAILING ADDRESS Н DATE CLAIM WAS INCURRED **AMOUNT** INCLUDING ZIP CODE, W AND CONSIDERATION FOR CLAIM OF CLAIM AMOUNT ENTITLED TO PRIORITY C J AND ACCOUNT NUMBER (See instructions.) Account No. xxx-xx-2405 2010, 2011, 2012 ordinary income taxes incurred from Internal Revenue Service 401(k) withdrawals during periods of 0.00 Kansas City, MO 64999-0025 unemployment X 5,000.00 5,000.00 Account No. Account No. Account No. Account No. Subtotal 0.00 Sheet <u>1</u> of <u>1</u> continuation sheets attached to (Total of this page) Schedule of Creditors Holding Unsecured Priority Claims 5,000.00 5,000.00 Total 0.00 (Report on Summary of Schedules) 5,000.00 5,000.00 Case 15-25312 Doc 1 Filed 07/24/15 Entered 07/24/15 15:56:58 Desc Main Document Page 16 of 41

B6F (Official Form 6F) (12/07)

| In re | Veronica Denise Sheffa | Case No |
|-------|------------------------|---------|
| _     |                        | Debtor  |

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| Check this box is debtor has no electrons nothing unsecure  | cu c            | ıaııı                  | is to report on this benedule 1.  |           |           |      |                       |                 |
|---|-----------------|------------------------|---|-----------|-----------|------|-----------------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Hu<br>H<br>W<br>J<br>C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | GD_       | PUTE | S<br>P<br>U<br>T<br>F | AMOUNT OF CLAIM |
| Account No.   | K               |                        | Dental Bills  | - N<br>T  | D A T E D |      | <u>`</u>              |                 |
| Bradley Rule, DDS<br>6475 Washington Street, #101<br>Gurnee, IL 60031                             |                 | -                      |   |           | D         |      |                       | Unknown         |
| Account No. xxxx6782  |                 |                        |   |           | Г         | T    | T                     |                 |
| Bureau of Account Management<br>PO Box 8875<br>Camp Hill, PA 17001-8875                           |                 | -                      |   |           |           |      |                       |                 |
|   |                 |                        |   |           |           |      |                       | 42.68           |
| Account No. xxxxxxxxxxxx5129  Capital 1 Bank Attn: Bankruptcy Dept. Po Box 30285                  |                 | -                      | Opened 10/01/97 Last Active 3/18/14 Credit Card   |           |           |      |                       |                 |
| Salt Lake City, UT 84130  |                 |                        |   |           |           |      |                       | 3,956.00        |
| Account No. xxxx88Q1  Certified Services Inc 1733 Washington St Ste 2 Waukegan, IL 60085          |                 | -                      | Opened 1/01/12 Last Active 5/31/12  Collection Attorney Global Medical Imaging S.C.           |           |           |      |                       | 139.00          |
|   |                 |                        | <u> </u>  | Subt      | L<br>ota  | L    | +                     |                 |
| continuation sheets attached  |                 |                        | (Total of t   |           |           |      | )                     | 4,137.68        |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Veronica Denise Sheffa | Case No |  |
|-------|------------------------|---------|--|
| _     |                        | Debtor  |  |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME,   | CO       | Hu          | sband, Wife, Joint, or Community  | CO      | U<br>N      | P        |                 |
|--|----------|-------------|---|---------|-------------|----------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                             | CODEBTOR | C<br>A<br>M | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | NTINGEN | QU L D      | DISPUTED | AMOUNT OF CLAIM |
| Account No. xxxx78Q1   |          | Г           | Opened 1/01/12 Last Active 5/31/12  | Ī       | Ā<br>T<br>E |          |                 |
| Certified Services Inc<br>1733 Washington St Ste 2<br>Waukegan, IL 60085                                     |          | -           | Collection Attorney Global Medical Imaging S.C.   |         | D           |          | 119.00          |
| Account No. xxxxxxxxxxx6229  | ╂        | ╀           | Opened 3/01/02 Last Active 3/04/14  |         |             | ┝        | 110.00          |
| Account No. AAAAAAAAAAAAAAAA   | ł        |             |   |         |             |          |                 |
| Chase Mht Bk<br>Attention: Bankruptcy<br>Po Box 15298<br>Wilmington, DE 19850                                |          | -           | Credit Card   |         |             |          |                 |
| Willington, DE 13030   |          |             |   |         |             |          | 15,118.00       |
| Account No. xxxx5153   |          | T           | Opened 6/01/11 Last Active 9/12/11  |         |             |          |                 |
| Choice Recovery<br>1550 Old Henderson Rd St<br>Columbus, OH 43220  |          | -           | Collection Attorney Shore Advanced Surgery  |         |             |          |                 |
|  |          |             |   |         |             |          | 115.00          |
| Account No. xxxxxxxxxxxx3475   |          | $\vdash$    | Opened 7/01/12 Last Active 1/31/14  |         |             |          |                 |
| Comenity Bank/bstonstr<br>3100 Easton Square PI<br>Columbus, OH 43219  |          | -           | Charge Account  |         |             |          |                 |
|  |          |             |   |         |             |          | 2,336.00        |
| Account No.  | T        | T           |   |         |             | T        |                 |
|  |          |             |   |         |             |          |                 |
| Sheet no. <u>1</u> of <u>1</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |             | (Total of t   | Subt    |             |          | 17,688.00       |
| Creditors froming Onsecuted Nonpriority Claims   |          |             | (10181011   |         | pag<br>ota  |          |                 |
|  |          |             | (Report on Summary of So  |         |             |          | 21,825.68       |

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B6G (Official Form 6G) (12/07)

| In re | Veronica Denise Sheffa | Case No. |
|-------|------------------------|----------|
| _     |                        | Debtor   |

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 15-25312 Doc 1 Filed 07/24/15 Entered 07/24/15 15:56:58 Desc Main Document Page 19 of 41

B6H (Official Form 6H) (12/07)

| In re | Veronica Denise Sheffa |        | Case No. |  |
|-------|------------------------|--------|----------|--|
| •     |                        | Debtor | ,        |  |

#### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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| Fill        | in this information to ider  | ntify your ca             | ise:   |                                    |             |      |                       |                       |                           |            |  |
|-------------|--|---------------------------|--|------------------------------------|-------------|------|-----------------------|-----------------------|---------------------------|------------|--|
| Del         | btor 1 Ver   | onica Dei                 | nise Sheffa                                    |                                    |             | _    |                       |                       |                           |            |  |
|             | btor 2   |                           |  |                                    |             | _    |                       |                       |                           |            |  |
| Uni         | ited States Bankruptcy Co  | ourt for the:             | NORTHERN DISTRIC                               | CT OF ILLINOIS                     |             |      |                       |                       |                           |            |  |
|             | se number<br>nown)   |                           |  | -                                  |             |      |                       | ed filing<br>ent shov | ving post-petitic         |            |  |
| $\bigcirc$  | fficial Form B 6   | 2I                        |  |                                    |             |      |                       |                       | e following date          | :          |  |
|             |  |                           |  |                                    |             |      | MM / DD/              | YYYY                  |                           |            |  |
|             | chedule I: You as complete and accura                                      |                           |  |                                    |             |      |                       |                       |                           | 12/13      |  |
| spo<br>atta | plying correct informati use. If you are separate ch a separate sheet to t | d and your<br>his form. ( | spouse is not filing w                         | ith you, do not inclu              | de infor    | mati | on about your s       | ouse. If              | more space is             | s needed,  |  |
| 1.          | Fill in your employme information.   | ent                       |  | Debtor 1                           |             |      | Debtor                | 2 or non              | n-filing spouse           |            |  |
|             | If you have more than o  |                           | Francisco est atatua                           | ■ Employed                         |             |      | ☐ Emp                 | loyed                 |                           |            |  |
|             | attach a separate page with information about additional                   |                           | Employment status                              | ☐ Not employed                     |             |      | □ Not                 | ☐ Not employed        |                           |            |  |
|             | employers.   |                           | Occupation                                     | legal secretary                    |             |      |                       |                       |                           |            |  |
|             | Include part-time, season self-employed work.                              | onal, or                  | Employer's name                                | Lake County Go                     | vernme      | ent  |                       |                       |                           |            |  |
|             | Occupation may include or homemaker, if it app                             |                           | Employer's address                             | 18 N. County ST<br>Waukegan, IL 60 |             |      |                       |                       |                           |            |  |
|             |  |                           | How long employed to                           | here? <u>1 yr 5 m</u>              | onths       |      |                       |                       |                           |            |  |
| Pai         | rt 2: Give Details A   | About Mon                 | thly Income                                    |                                    |             |      |                       |                       |                           |            |  |
|             | mate monthly income a<br>use unless you are separa                         |                           | te you file this form. If                      | you have nothing to r              | eport for   | any  | line, write \$0 in th | e space.              | Include your n            | on-filing  |  |
| ,           | ou or your non-filing spous<br>e space, attach a separat                   |                           |  | ombine the informatio              | n for all e | empl | oyers for that per    | son on th             | e lines below. I          | f you need |  |
|             |  |                           |  |                                    |             |      | For Debtor 1          |                       | Debtor 2 or filing spouse |            |  |
| 2.          |  |                           | y, and commissions (be alculate what the month |                                    | 2.          | \$   | 2,946.00              | \$                    | N/A                       | -          |  |
| 3.          | Estimate and list mon  | thly overti               | me pay.  |                                    | 3.          | +\$  | 0.00                  | +\$                   | N/A                       | -          |  |
| 4.          | Calculate gross Incon  | <b>ne.</b> Add lin        | e 2 + line 3.                                  |                                    | 4.          | \$   | 2,946.00              | \$_                   | N/A                       |            |  |

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| ebtor 1                 | Ve                                     | ronica Denise Sheffa   |             | Case n   | umber (if known) |            |                             |                       |
|-------------------------|--|--|-------------|----------|------------------|------------|-----------------------------|-----------------------|
|                         |  |  |             | For I    | Debtor 1         |            | Debtor 2 or<br>filing spous | se                    |
| Co                      | py lir                                 | ne 4 here  | 4.          | \$       | 2,946.00         | \$         |                             | <u> /A</u>            |
| Lis                     | st all :                               | payroll deductions:  |             |          |                  |            |                             |                       |
| 5a                      |  | ax, Medicare, and Social Security deductions   | 5a.         | \$       | 457.75           | \$         | N                           | I/A                   |
| 5b                      |  | andatory contributions for retirement plans  | 5b.         | \$       | 0.00             | \$         |                             | I/A                   |
| 5c.                     | V                                      | oluntary contributions for retirement plans  | 5c.         | \$       | 0.00             | \$         |                             | I/A                   |
| 5d                      | . R                                    | equired repayments of retirement fund loans  | 5d.         | \$       | 0.00             | \$         | N                           | I/A                   |
| 5e                      | . In                                   | surance  | 5e.         | \$       | 114.48           | \$         | N                           | I/A                   |
| 5f.                     |  | omestic support obligations  | 5f.         | \$       | 0.00             | \$         |                             | I/A                   |
| 5g                      |  | nion dues  | 5g.         | \$       | 0.00             | \$         |                             | I/A                   |
| 5h                      | . 0                                    | ther deductions. Specify:  | _ 5h.+      | \$       | 0.00             | + \$       | N                           | I/A_                  |
|                         |  | payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.          | \$       | 572.23           | \$         |                             | I/A                   |
| Ca                      | lcula                                  | te total monthly take-home pay. Subtract line 6 from line 4.   | 7.          | \$       | 2,373.77         | \$         | N                           | I/A_                  |
| Lis<br>8a               | . <b>N</b> e<br><b>p</b> i<br>At<br>re | other income regularly received: et income from rental property and from operating a business, rofession, or farm ttach a statement for each property and business showing gross ciceipts, ordinary and necessary business expenses, and the total         | 90          | Ф        | 0.00             | <b>c</b>   |                             | 1/4                   |
| 8b                      | _                                      | onthly net income.  terest and dividends   | 8a.<br>8b.  | \$<br>\$ | 0.00             | \$<br>     |                             | <u> /A</u><br> /A     |
| 8c                      | . Fa<br>re                             | amily support payments that you, a non-filing spouse, or a dependent egularly receive clude alimony, spousal support, child support, maintenance, divorce  |             | · —      |                  | · —        |                             |                       |
|                         |  | ettlement, and property settlement.  | 8c.         | \$       | 0.00             | \$         |                             | I/A                   |
| 8d                      |  | nemployment compensation   | 8d.         | \$       | 0.00             | \$         |                             | <u> /A</u>            |
| 8e<br>8f.               |  | ocial Security<br>ther government assistance that you regularly receive  | 8e.         | \$       | 0.00             | \$ <u></u> | N                           | <u> /A</u>            |
| OI.                     | In<br>th<br>N                          | clude cash assistance that you regularly receive clude cash assistance and the value (if known) of any non-cash assistance at you receive, such as food stamps (benefits under the Supplemental utrition Assistance Program) or housing subsidies. pecify: | 8f.         | \$       | 0.00             | \$         | N                           | I/A                   |
| 8g                      |  | ension or retirement income  | <b>8</b> g. | \$       | 0.00             | \$         |                             | I/A                   |
| 8h                      | . 0                                    | ther monthly income. Specify:  | _8h.+       | \$       | 0.00             | + \$       |                             | I/A                   |
| Ad                      | d all                                  | other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.          | \$       | 0.00             | \$         |                             | N/A                   |
| Ca                      | ماريدا                                 | to monthly income. Add line 7 . line 0   | 10. \$      |          | 2.373.77 + \$    |            | N/A C                       | 2 272                 |
|                         |  | te monthly income. Add line 7 + line 9.  entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.   \$    | 2        | + \$_            |            | <b>N/A</b> = \$             | 2,373.                |
| Sta<br>Inc<br>oth<br>Do | ate al<br>lude e<br>er frie            | I other regular contributions to the expenses that you list in Schedule contributions from an unmarried partner, members of your household, your ends or relatives.  Include any amounts already included in lines 2-10 or amounts that are not a          | depen       |          | •                | •          | Schedule J.<br>11. +\$      | 0.                    |
| Wı                      |  | e amount in the last column of line 10 to the amount in line 11. The reseat amount on the Summary of Schedules and Statistical Summary of Certain  |             |          |                  |            | 12. \$_                     | 2,373.                |
| s. Do                   | vou                                    | expect an increase or decrease within the year after you file this form?   | ,           |          |                  |            |                             | nbined<br>nthly incom |

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| Fill       | in this information to identify your case:   |  |  |            |   |  |
|------------|--|--|--|------------|---|--|
| Deb        | otor 1 Veronica Denise She   | ffa  |  | Che        | eck if this is:                         |  |
|            | <u>veromed beinge one</u>  | iiu  |  |            | An amended filing                       |  |
| Deb        | otor 2   |  |  |            |   | ving post-petition chapter                   |
| (Spo       | ouse, if filing)   |  |  |            | 13 expenses as of                       | the following date:                          |
| Unit       | ted States Bankruptcy Court for the: NORTH   | IERN DISTRICT OF ILLIN                       | OIS                                      |            | MM / DD / YYYY                          |  |
|            | se number  |  |  |            | A separate filing fo 2 maintains a sepa | r Debtor 2 because Debtor<br>rrate household |
| Of         | fficial Form B 6J  |  |  | •          |   |  |
|            | chedule J: Your Expen  | 1606   |  |            |   | 10/13  |
|            | as complete and accurate as possible.  |  | e filing together. b                     | oth are eq | ually responsible for                   | 12/13<br>or supplying correct                |
| info       | ormation. If more space is needed, atta<br>mber (if known). Answer every question                      | ch another sheet to this                     |  |            |   |  |
|            | rt 1: Describe Your Household  |  |  |            |   | _  |
| 1.         | Is this a joint case?  |  |  |            |   |  |
|            | <ul><li>■ No. Go to line 2.</li><li>□ Yes. Does Debtor 2 live in a separa</li></ul>                    | ate household?                               |  |            |   |  |
|            | □ No   |  |  |            |   |  |
|            | ☐ Yes. Debtor 2 must file a sep  | parate Schedule J.                           |  |            |   |  |
| 2.         | Do you have dependents? ■ No   |  |  |            |   |  |
|            | Do not list Debtor 1   | Fill out this information for each dependent | Dependent's relati<br>Debtor 1 or Debtor |            | Dependent's age                         | Does dependent live with you?                |
|            | Do not state the   |  |  |            |   | □ No   |
|            | dependents' names.   |  |  |            |   | ☐ Yes  |
|            |  |  |  |            |   | □ No   |
|            |  |  |  |            |   | ☐ Yes  |
|            |  |  |  |            |   | □ No   |
|            |  |  |  |            |   | ☐ Yes  |
|            |  |  |  |            |   | □ No   |
| 3.         | Do your expenses include   |  |  |            |   | ☐ Yes  |
| Э.         | expenses of people other than  | No   |  |            |   |  |
|            | yourself and your dependents?  | Yes  |  |            |   |  |
| Par        | rt 2: Estimate Your Ongoing Monthl   | ly Eynansas                                  |  |            |   |  |
| Est<br>exp | timate your expenses as of your bankrupto<br>benses as of a date after the bankrupto<br>plicable date. | uptcy filing date unless y                   |  |            |   |  |
| Incl       | lude expenses paid for with non-cash   | government assistance i                      | f you know                               |            |   |  |
| the        | value of such assistance and have inc  | cluded it on Schedule I: \                   | our Income                               |            | Your exp                                | enses  |
| (Oil       | ficial Form 6I.)   |  |  |            | Tour exp                                |  |
| 4.         | The rental or home ownership expen payments and any rent for the ground of                             |  | nclude first mortgag                     | je<br>4.   | \$                                      | 491.00                                       |
|            | If not included in line 4:   |  |  |            |   |  |
|            | 4a. Real estate taxes  |  |  | 4a.        | \$                                      | 0.00   |
|            | 4b. Property, homeowner's, or renter   | 's insurance                                 |  | 4b.        |   | 0.00   |
|            | 4c. Home maintenance, repair, and u  |  |  | 4c.        | · ————                                  | 50.00  |
|            | 4d. Homeowner's association or con-  |  |  | 4d.        |   | 355.00                                       |
| 5.         | Additional mortgage payments for yo  | our residence, such as ho                    | me equity loans                          | 5.         | \$                                      | 0.00   |

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| Utilities:         6a.       Electricity, heat, natural gas       6a.         6b.       Water, sewer, garbage collection       6b.         6c.       Telephone, cell phone, Internet, satellite, and cable services       6c.         6d.       Other. Specify:       6d.         Food and housekeeping supplies       7.         Childcare and children's education costs       8.         Clothing, laundry, and dry cleaning       9.         Personal care products and services       10.         Medical and dental expenses       11.         Transportation. Include gas, maintenance, bus or train fare.       12.         Do not include car payments.       12.         Entertainment, clubs, recreation, newspapers, magazines, and books       13.         Charitable contributions and religious donations       14.         Insurance.       15.         Do not include insurance deducted from your pay or included in lines 4 or 20.       15a.         15b. Health insurance       15b.         15c. Vehicle insurance       15c.         15c. Vehicle insurance. Specify:       15d.         Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       Specify:         17a. Car payments for Vehicle 1       17a.         17b. Car payme  | \$ 0.00 \$ 242.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 100.00 \$ 100.00 \$ 200.00 \$ 200.00 \$ 110.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00  |
|--|--|
| 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 6d. Other. Specify: 6d. Other. Specify: 6d. Other Specify: 6d.  | \$ 0.00 \$ 242.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 100.00 \$ 100.00 \$ 200.00 \$ 200.00 \$ 110.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00  |
| 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Gd. Other. Specify:  Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses 11.  Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Car payments for Vehicle 1 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other symments of alimony, maintenance, and support that you did not report as deducted from your pay on this your pay on this form of 0. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You. 20a. Mortgages on other property 20b. Real estate taxes 20b. Property, homeowner's, or renter's insurance  | \$ 0.00 \$ 242.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 100.00 \$ 100.00 \$ 200.00 \$ 200.00 \$ 110.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00  |
| 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify:  Food and housekeeping supplies 7. Childcare and children's education costs 8. Clothing, laundry, and dry cleaning Personal care products and services 10. Medical and dental expenses 11.  Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Charitable contributions and religious donations 14. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. Other. Specify: 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes 20b. Property, homeowner's, or renter's insurance  | \$ 242.00 \$ 0.00 \$ 0.00 \$ 433.00 \$ 50.00 \$ 50.00 \$ 200.00 \$ 200.00 \$ 200.00 \$ 100.00 \$ 110.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00  |
| 6d. Other. Specify: 6d.  Food and housekeeping supplies 7. Childcare and children's education costs 8. Clothing, laundry, and dry cleaning 9. Personal care products and services 10. Medical and dental expenses 11. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Charitable contributions and religious donations 14. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15c. 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 9. 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. 17b. Car payments for Vehicle 2 17b. 17c. Other. Specify: 17c. 17d. Other. Specify: 17c. 17d. Other. Specify: 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You. Bob. Real estate taxes 200. 20c. Property, homeowner's, or renter's insurance 20c.  | \$ 0.00 \$ 433.00 \$ 50.00 \$ 50.00 \$ 200.00 \$ 200.00 \$ 200.00 \$ 20.00 |
| Food and housekeeping supplies Childcare and children's education costs 8. Clothing, laundry, and dry cleaning Personal care products and services 10. Medical and dental expenses 11. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance specify: 15c. Vehicle insurance. Specify: 15d. Other insurance. Specify: 17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other specify: 17 | \$ 433.00 \$ 0.00 \$ 100.00 \$ 200.00 \$ 200.00 \$ 200.00 \$ 200.00 \$ 20.00 \$ 110.00 \$ 102.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00   |
| Childcare and children's education costs  Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses 11.  Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You. 20a. Mortgages on other property 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes 20b. Property, homeowner's, or renter's insurance   | \$ 0.00 \$ 100.00 \$ 200.00 \$ 200.00 \$ 200.00 \$ 200.00 \$ 200.00 \$ 20.00 \$ 110.00 \$ 102.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00   |
| Personal care products and services  Medical and dental expenses  11.  Transportation. Include gas, maintenance, bus or train fare.  Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books  Charitable contributions and religious donations Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15d. Other insurance. Specify:  15d. Other insurance. Specify:  15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  16.  Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17c. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. Other spayments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You.  20a. Mortgages on other property  20a. Mortgages on other property  20b. Real estate taxes  20b. Property, homeowner's, or renter's insurance  | \$ 50.00 \$ 100.00 \$ 200.00 \$ 200.00 \$ 30.00 \$ 20.00 \$ 110.00 \$ 102.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00   |
| Personal care products and services  Medical and dental expenses  11.  Transportation. Include gas, maintenance, bus or train fare.  Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books  Charitable contributions and religious donations Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15d. Other insurance. Specify:  15d. Other insurance. Specify:  15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  16.  Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17c. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. Other spayments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You.  20a. Mortgages on other property  20a. Mortgages on other property  20b. Real estate taxes  20b. Property, homeowner's, or renter's insurance  | \$ 100.00 \$ 200.00 \$ 30.00 \$ 20.00 \$ 110.00 \$ 110.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00  |
| Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other specify | \$ 200.00 \$ 30.00 \$ 20.00 \$ 110.00 \$ 110.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00  |
| Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books  Charitable contributions and religious donations Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Other payments you make to support others who do not live with you.  Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes 20b. 20c. Property, homeowner's, or renter's insurance  | \$ 30.00 \$ 20.00 \$ 110.00 \$ 110.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00  |
| Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books  Charitable contributions and religious donations Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Other payments you make to support others who do not live with you.  Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes 20b. 20c. Property, homeowner's, or renter's insurance  | \$ 20.00 \$ 110.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00   |
| Charitable contributions and religious donations Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15a.  15b. Health insurance 15b.  15c. Vehicle insurance 15c.  15d. Other insurance. Specify: 15d.  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: 16.  Installment or lease payments:  17a. Car payments for Vehicle 1 17a.  17b. Car payments for Vehicle 2 17b.  17c. Other. Specify: 17c.  17d. Other. Specify: 17d.  Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Other payments you make to support others who do not live with you.  Specify: 19.  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You.  Mortgages on other property 20a.  Mortgages on other property 20a.  20b. Real estate taxes 20b.  20c. Property, homeowner's, or renter's insurance 20c.   | \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00  |
| Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15a.  15b. Health insurance 15b.  15c. Vehicle insurance 15c.  15d. Other insurance. Specify: 15d.  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: 16.  Installment or lease payments:  17a. Car payments for Vehicle 1 17a.  17b. Car payments for Vehicle 2 17b.  17c. Other. Specify: 17c.  17d. Other. Specify: 17d.  Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Other payments you make to support others who do not live with you.  Specify: 19.  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You.  20a. Mortgages on other property 20a.  20b. Real estate taxes 20b.  20c. Property, homeowner's, or renter's insurance  | \$ 0.00 \$ 102.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00  |
| Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15a.  15b. Health insurance 15b.  15c. Vehicle insurance 15c.  15d. Other insurance. Specify: 15d.  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: 16.  Installment or lease payments:  17a. Car payments for Vehicle 1 17a.  17b. Car payments for Vehicle 2 17b.  17c. Other. Specify: 17c.  17d. Other. Specify: 17d.  Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Other payments you make to support others who do not live with you.  Specify: 19.  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You.  20a. Mortgages on other property 20a.  20b. Real estate taxes 20b.  20c. Property, homeowner's, or renter's insurance  | \$ 0.00<br>\$ 102.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00  |
| 15a. Life insurance 15b.  15b. Health insurance 15b.  15c. Vehicle insurance 15c.  15d. Other insurance. Specify: 15d.  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: 16.  Installment or lease payments:  17a. Car payments for Vehicle 1 17a.  17b. Car payments for Vehicle 2 17b.  17c. Other. Specify: 17c.  17d. Other. Specify: 17d.  Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Other payments you make to support others who do not live with you.  Specify: 19.  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You.  20a. Mortgages on other property 20a.  20b. Real estate taxes 20b.  20c. Property, homeowner's, or renter's insurance   | \$ 0.00<br>\$ 102.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00  |
| 15b. Health insurance 15c. 15c. Vehicle insurance 15c. 15d. Other insurance. Specify: 15d.  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16.  Installment or lease payments: 17a. Car payments for Vehicle 1 17a. 17b. Car payments for Vehicle 2 17b. 17c. Other. Specify: 17c. 17d. Other. Specify: 17d. 17d. Other. Specify: 17d.  Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). Other payments you make to support others who do not live with you.  Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You. 20a. Mortgages on other property 20a. 20b. Real estate taxes 20b. 20c. Property, homeowner's, or renter's insurance   | \$ 0.00<br>\$ 102.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00  |
| 15c. Vehicle insurance 15c.  15d. Other insurance. Specify: 15d.  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: 16.  Installment or lease payments:  17a. Car payments for Vehicle 1 17a.  17b. Car payments for Vehicle 2 17b.  17c. Other. Specify: 17c.  17d. Other. Specify: 17d.  Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Other payments you make to support others who do not live with you.  Specify: 19.  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You.  20a. Mortgages on other property 20a.  20b. Real estate taxes 20b.  20c. Property, homeowner's, or renter's insurance   | \$ 102.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00   |
| 15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17c. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Other payments you make to support others who do not live with you.  Specify:  19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You.  20a. Mortgages on other property  20a.  20b. Real estate taxes  20c.  Property, homeowner's, or renter's insurance  | \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00  |
| Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: 16.  Installment or lease payments:  17a. Car payments for Vehicle 1 17a.  17b. Car payments for Vehicle 2 17b.  17c. Other. Specify: 17c.  17d. Other. Specify: 17d.  Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Other payments you make to support others who do not live with you.  Specify: 19.  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You.  20a. Mortgages on other property 20a.  20b. Real estate taxes 20b.  20c. Property, homeowner's, or renter's insurance   | \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00  |
| Specify:   | \$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00  |
| Installment or lease payments:  17a. Car payments for Vehicle 1 17a.  17b. Car payments for Vehicle 2 17b.  17c. Other. Specify: 17c.  17d. Other. Specify: 17d.  Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Other payments you make to support others who do not live with you.  Specify: 19.  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You.  Mortgages on other property 20a.  Mortgages on other property 20a.  Real estate taxes 20b.  20c. Property, homeowner's, or renter's insurance 20c.  | \$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00  |
| 17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. 17c. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Other payments you make to support others who do not live with you.  Specify:  19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Y 20a. Mortgages on other property  20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance   | \$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00   |
| 17b. Car payments for Vehicle 2  17c. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Other payments you make to support others who do not live with you.  Specify:  19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Y 20a. Mortgages on other property  20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance   | \$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00   |
| 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). Other payments you make to support others who do not live with you.  Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Y 20a. Mortgages on other property 20a. 20b. Real estate taxes 20b. 20c. Property, homeowner's, or renter's insurance 20c.   | \$ 0.00<br>\$ 0.00<br>\$ 0.00  |
| 17d. Other. Specify:   | \$ 0.00<br>\$ 0.00<br>\$ 0.00  |
| Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Other payments you make to support others who do not live with you.  Specify:  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Y 20a.  Mortgages on other property  20a.  Real estate taxes  20b.  Property, homeowner's, or renter's insurance  18.  20.  | \$ 0.00<br>\$ 0.00   |
| Other payments you make to support others who do not live with you.  Specify:  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You.  Mortgages on other property  20a. Mortgages on other property  20b. Real estate taxes  20b.  Property, homeowner's, or renter's insurance  20c.  | \$ 0.00  |
| Specify: 19.  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Y 20a. Mortgages on other property 20a. 20b. Real estate taxes 20b. 20c. Property, homeowner's, or renter's insurance 20c.  |  |
| Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Y 20a. Mortgages on other property 20a. 20b. Real estate taxes 20b. 20c. Property, homeowner's, or renter's insurance 20c.  |  |
| 20a.Mortgages on other property20a.20b.Real estate taxes20b.20c.Property, homeowner's, or renter's insurance20c.   |  |
| <ul><li>20b. Real estate taxes</li><li>20c. Property, homeowner's, or renter's insurance</li><li>20c. 20c.</li></ul>   |  |
| 20c. Property, homeowner's, or renter's insurance 20c.   |  |
|  |  |
| 200. mailtonante, iepan, and upreep expenses 200.  |  |
| 20e. Homeowner's association or condominium dues 20e.  |  |
|  |  |
| Other: Specify.  | +\$ 0.00   |
| Your monthly expenses. Add lines 4 through 21.   | \$ 2,323.00  |
| The result is your monthly expenses.   |  |
| Calculate your monthly net income.   |  |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a.   | \$ 2,373.77  |
| 23b. Copy your monthly expenses from line 22 above. 23b.   |  |
|  |  |
| 23c. Subtract your monthly expenses from your monthly income.  | ¢ 50.77  |
| The result is your <i>monthly net income</i> . 23c.  | \$ 50.77   |
| Do you expect an increase or decrease in your expenses within the year after you file thi For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage prodification to the terms of your mortgage?  No.   |  |
| ☐ Yes.   |  |

Document

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B6 Declaration (Official Form 6 - Declaration). (12/07)

### **United States Bankruptcy Court Northern District of Illinois**

| In re | veronica Denise Snetta   |           |                                   | Case No. |                             |
|-------|--|-----------|-----------------------------------|----------|-----------------------------|
|       |  |           | Debtor(s)                         | Chapter  | 7                           |
|       | <b>DECLARATION C</b> DECLARATION UNDER   |           | IING DEBTOR'S SO                  | _        |                             |
|       | I declare under penalty of perjury t sheets, and that they are true and correct to |           |                                   |          | es, consisting of <b>18</b> |
| Date  | July 24, 2015  | Signature | /s/ Veronica Denise Sheffa Debtor |          |                             |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (04/13)

## **United States Bankruptcy Court Northern District of Illinois**

| In re | Veronica Denise Sheffa |           | Case No. |   |
|-------|------------------------|-----------|----------|---|
|       |                        | Debtor(s) | Chapter  | 7 |

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$0.00 Lake County YTD - \$16695 Lake County 2014 - \$28,255.10

Lale County 2013 - \$14,293.00

### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

B7 (Official Form 7) (04/13)

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#### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS DATES OF AMOUNT STILL PAYMENTS AMOUNT PAID OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATES OF PAYMENTS/ VALUE OF AMOUNT STILL NAME AND ADDRESS OF CREDITOR TRANSFERS TRANSFERS OWING

None

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT NATURE OF COURT OR AGENCY STATUS OR AND CASE NUMBER **PROCEEDING** AND LOCATION DISPOSITION Chase Mortgage v Sheffa , Case No. 14 CH 1432 residential Cicruit Court of Lake County, Illinois Dismissed foreclosure Capital One Bank v. Debtor - 15 SC 2920 Collections **Circuit Court of Lake County Pending** 301 S. Greenleaf

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

Park City, IL 60085

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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#### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

#### 7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

#### 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

#### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Law Offices of Thomas C. O'Brien 950 Main St. Antioch, IL 60002 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR March 27, 2014 AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$1,700.00, includes Pre and
Post Counseing fee, Credit
Infonet, mortgage records

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#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

#### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

#### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

### 14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

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#### 15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

GOVERNMENTAL ONLY

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

GOVERNMENTAL UNIT NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF
GOVERNMENTAL UNIT DOCKET NUMBER STATUS OR DISPOSITION

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#### 18 . Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

BEGINNING AND NATURE OF BUSINESS ENDING DATES

None

NAME

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

#### NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

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#### 20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

#### 21 . Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

#### 22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

None

**ADDRESS** 

DATE OF WITHDRAWAL

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

#### 23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

### 24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

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#### 25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\*\*\*\*

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date July 24, 2015

Signature // S/ Veronica Denise Sheffa
Veronica Denise Sheffa
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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B8 (Form 8) (12/08)

## United States Bankruptcy Court Northern District of Illinois

| In re           | Veronica Denise Sheffa  |                          |                                     | Case No.                         |                                   |
|-----------------|---|--------------------------|-------------------------------------|----------------------------------|-----------------------------------|
|                 |   | Γ                        | Debtor(s)                           | Chapter                          | 7                                 |
|                 | CHAPTER 7 INC   | DIVIDUAL DEBTO           | R'S STATEME                         | ENT OF INTEN                     | VTION                             |
|                 | <b>A</b> - Debts secured by property of property of the estate. Attach ad   |                          |                                     | pleted for <b>EAC</b>            | <b>H</b> debt which is secured by |
| Proper          | ty No. 1  |                          |                                     |                                  |                                   |
| Credit<br>Chase | or's Name:  |                          | Describe Proper<br>647 Mitchell Cou |                                  |                                   |
| -               | ty will be (check one):<br>Surrendered  | ■ Retained               |                                     |                                  |                                   |
|                 | ning the property, I intend to (check a Redeem the property Reaffirm the debt  Other. Explain avoid lien using 11 |                          | example, avoid lien                 | using 11 U.S.C.                  | § 522(f)).                        |
| _               | ty is (check one):<br>Claimed as Exempt   |                          | ☐ Not claimed as                    | s exempt                         |                                   |
| Proper          | ty No. 2  |                          | ]                                   |                                  |                                   |
|                 | or's Name:<br>Manhattan Mortgage  |                          | Describe Proper<br>647 Mitchell Cou |                                  |                                   |
| -               | ty will be (check one):<br>Surrendered  | ■ Retained               | <u> </u>                            |                                  |                                   |
|                 | ning the property, I intend to (check a Redeem the property Reaffirm the debt                                     | nt least one):           |                                     |                                  |                                   |
| -               | Other. Explain continue with loan   | modification (for ex     | cample, avoid lien                  | using 11 U.S.C. §                | 522(f)).                          |
| _               | ty is (check one):<br>Claimed as Exempt   |                          | ☐ Not claimed as                    | s exempt                         |                                   |
|                 | <b>B</b> - Personal property subject to unexpadditional pages if necessary.)                                      | pired leases. (All three | columns of Part B                   | must be complet                  | ed for each unexpired lease.      |
| Proper          | ty No. 1  |                          |                                     |                                  |                                   |
| Lessor          | 's Name:<br>-   | Describe Leased Pro      | operty:                             | Lease will be U.S.C. § 365 ☐ YES | e Assumed pursuant to 11 5(p)(2): |

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Page 2

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date July 24, 2015
Signature /s/ Veronica Denise Sheffa
Veronica Denise Sheffa
Debtor

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## United States Bankruptcy Court Northern District of Illinois

| In re  | Veronica Den                                    | ise She                   | ffa   |   |                                    |                                     | Case No.                |                           |                                 |
|--------|---|---------------------------|---|---|------------------------------------|-------------------------------------|-------------------------|---------------------------|---------------------------------|
| 111 10 | Veronica Ben                                    | 130 0110                  | iia   |   | Debtor(s)                          |                                     | Chapter                 | 7                         |                                 |
|        |   |                           | SURE OF COM   |   |                                    |                                     |                         | ` ´                       |                                 |
| C      | compensation paid t<br>be rendered on beha      | o me with                 | a) and Bankruptcy Ruhin one year before the debtor(s) in contemple            | he filing of the per<br>lation of or in con | tition in bankr<br>inection with t | uptcy, or agreed<br>he bankruptcy o | d to be paid            | to me, for ser            |                                 |
|        |   |                           | e agreed to accept  |   |                                    |                                     |                         | 1,700.00                  | <u>)</u>                        |
|        |   |                           | statement I have rece   |   |                                    |                                     |                         | 1,700.00                  | <u>)</u>                        |
|        | Balance Due                                     |                           |   |   |                                    | \$                                  |                         | 0.00                      | <u>)</u>                        |
| 2.     | The source of the co                            | mpensati                  | on paid to me was:  |   |                                    |                                     |                         |                           |                                 |
|        | Debtor  |                           | Other (specify):  |   |                                    |                                     |                         |                           |                                 |
| 3.     | The source of comp                              | ensation t                | to be paid to me is:  |   |                                    |                                     |                         |                           |                                 |
|        | Debtor  | □ 0                       | Other (specify):  |   |                                    |                                     |                         |                           |                                 |
| 4.     | ■ I have not agree                              | d to share                | e the above-disclosed   | l compensation w                            | ith any other p                    | erson unless the                    | ey are memb             | pers and assoc            | ciates of my law firm.          |
|        |   |                           | e above-disclosed con<br>ogether with a list of t                             |   |                                    |                                     |                         |                           | of my law firm. A               |
| 5.     | In return for the abo                           | ove-discle                | osed fee, I have agree  | ed to render legal s                        | service for all                    | aspects of the b                    | ankruptcy c             | ase, including            | ;:                              |
| t<br>c | b. Preparation and                              | filing of a<br>of the deb | nancial situation, and<br>any petition, schedule<br>tor at the meeting of edl | es, statement of af                         | fairs and plan                     | which may be r                      | equired;                | -                         | in bankruptcy;                  |
| ·      | Negotiati<br>reaffirma                          | ons with                  | n secured creditor<br>eements and apply<br>oidance of liens o                 | lications as nee                            | eded; prepai                       | e; exemption<br>ration and fili     | planning;<br>ng of moti | preparatior<br>ons pursua | n and filing of<br>nt to 11 USC |
| 6. I   | Represer  | ntation o                 | r(s), the above-disclosof the debtors in an arry proceeding.                  | sed fee does not i<br>ny dischargeat        | nclude the foll                    | lowing service:<br>s, judicial lien | avoidance               | es, relief fro            | om stay actions or              |
|        |   |                           |   | CERTII                                      | FICATION                           |                                     |                         |                           |                                 |
|        | I certify that the fore<br>ankruptcy proceeding |                           | a complete statement  | t of any agreemen                           | t or arrangeme                     | ent for payment                     | to me for re            | presentation o            | of the debtor(s) in             |
| Dated  | i: <b>July 24, 2015</b>                         | <u>í</u>                  |   |   | /s/ Thomas                         |                                     |                         |                           |                                 |
|        |   |                           |   |   |                                    | O'Brien 20823<br>of Thomas C        |                         |                           |                                 |
|        |   |                           |   |   | 950 Main St                        |                                     | . o brieff              |                           |                                 |
|        |   |                           |   |   | Antioch, IL                        |                                     | 20 4404                 |                           |                                 |
|        |   |                           |   |   |                                    | 0 Fax: 847-8<br>orienlaw.com        | <b>38-1101</b>          |                           |                                 |

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

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Form B 201A, Notice to Consumer Debtor(s)

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a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

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B 201B (Form 201B) (12/09)

## **United States Bankruptcy Court Northern District of Illinois**

|        | North  | ern District of Illinois                         |                       |                            |
|--------|--|--|-----------------------|----------------------------|
| In re  | Veronica Denise Sheffa                                       |  | Case No.              |                            |
|        |  | Debtor(s)  | Chapter               | 7                          |
|        | CERTIFICATION OF NO<br>UNDER § 342(b) C                      | OTICE TO CONSUM<br>OF THE BANKRUPT               |                       | (S)                        |
| Code.  | Cert I (We), the debtor(s), affirm that I (we) have received | cification of Debtor wed and read the attached n | otice, as required by | § 342(b) of the Bankruptcy |
| Veron  | ica Denise Sheffa  | X /s/ Veronica [                                 | Denise Sheffa         | July 24, 2015              |
| Printe | d Name(s) of Debtor(s)                                       | Signature of D                                   | Debtor                | Date                       |
| Case N | No. (if known)   | X  |                       |                            |
|        |  | Signature of Jo                                  | oint Debtor (if any)  | Date                       |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

## **United States Bankruptcy Court Northern District of Illinois**

|       |   | Northern District of Illinois   |                            |                |
|-------|---|---|----------------------------|----------------|
| In re | Veronica Denise Sheffa                        |   | Case No.                   |                |
|       |   | Debtor(s)   | Chapter 7                  |                |
|       | VEI   | RIFICATION OF CREDITOR MA   | ATRIX                      |                |
|       |   | Number of C   | Creditors:                 | 12             |
|       | The above-named Debtor(s) is (our) knowledge. | hereby verifies that the list of credito                              | ers is true and correct to | the best of my |
| Date: | July 24, 2015                                 | /s/ Veronica Denise Sheffa Veronica Denise Sheffa Signature of Debtor |                            |                |

Blitt and Gaines PC 661 W. Glenn Ave Wheeling, IL 60090

Bradley Rule, DDS 6475 Washington Street, #101 Gurnee, IL 60031

Bureau of Account Management PO Box 8875 Camp Hill, PA 17001-8875

Capital 1 Bank Attn: Bankruptcy Dept. Po Box 30285 Salt Lake City, UT 84130

Certified Services Inc 1733 Washington St Ste 2 Waukegan, IL 60085

Chase Po Box 24696 Columbus, OH 43224

Chase Manhattan Mortgage Attn: Bankruptcy Dept 3415 Vision Dr Columbus, OH 43219

Chase Mht Bk Attention: Bankruptcy Po Box 15298 Wilmington, DE 19850

Choice Recovery 1550 Old Henderson Rd St Columbus, OH 43220

Comenity Bank/bstonstr 3100 Easton Square Pl Columbus, OH 43219

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Internal Revenue Service Kansas City, MO 64999-0025

Jefferson Capital Systems, Inc P. O. Box 953185 Saint Louis, MO 63195-3185